V. Title XVIII - Health Insurance for the Aged, Blind or Disabled (Medicare) as provided for in the Social Security Act (42 U.S.C. 1395-1395xx).

W. Title XIX - Grants to States for Medical Assistance Programs (Medicaid) as provided for in the Social Security Act (42 U.S.C. 1396-1396p).

X. Total Outpatient Charges - Total patient revenues assessed for all outpatient services excluding charges for laboratory and pathology.

APPENDIX A TO FLORIDA TITLE XIX OUTPATIENT HOSPITAL REIMBURSEMENT PLAN

OUTPATIENT REVENUE CENTER CODES

CODE	DESCRIPTION
250	Pharmacy/General
251	Pharmacy/Generic
252	Pharmacy/NonGeneric
254	Drugs Incident to Other Diagnostic Services
255	Drugs Incident to Radiology
258	Pharmacy/IV Solutions
260	IV Therapy
261	Infusion Pump
262	IV Therapy/Pharmacy Services
264	IV Therapy/Supplies
271	Medical Surgical- Nonsterile supplies
272	Medical/Surgical - Sterile Supplies
273	Burn Pressure Garment
274	Cochlear Implant Handling (ages 2-20 only)
275	Pacemaker
276	Intraocular Lens
278	Subdermal Contraceptive Implant
279	Burn Pressure Garment Fitting
300	Laboratory/General
301	Laboratory/Chemistry
302	Laboratory/Immunology
303	Laboratory/Renal Patient (Home)
304	Laboratory/Non-Routine Dialysis
305	Laboratory/Hematology
306	Laboratory/Bacteriology and Microbiology
307	Laboratory/Urology
310	Pathological Laboratory/General
311	Pathological Laboratory/Cytology
312	Pathological Laboratory/Histology
314	Pathological Laboratory/Biopsy
320	Diagnostic Radiology/General
321	Diagnostic Radiology/Angiocardiography
322	Diagnostic Radiology/Arthrography
323	Diagnostic Radiology/Arteriography
324	Diagnostic Radiology/Chest
330	Therapeutic Radiology/General
331	Therapeutic Radiology/Injected
332	Therapeutic Radiology/Oral
333	Therapeutic Radiology/Radiation Therapy
335	Therapeutic Radiology/Chemotherapy - IV
340	Nuclear Medicine/General
341	Nuclear Medicine/Diagnostic
342	Nuclear Medicine/Therapeutic
350	Computed Tomographic (CT) Scan/General
351	Computed Tomographic (CT) Scan/Head

352 Computed Tomographic (CT) Scan/Body
360 Operating Room Services/General
361 Operating Room Services/Minor Surgery
370 Anesthesia/General
371 Anesthesia Incident to Radiology
372 Anesthesia Incident to Other Diagnostic Services
380 Blood/General
381 Blood/Packed Red Cells
382 Blood/Whole
383 Blood/Plasma
384 Blood/Platelets
385 Blood/Leucocytes
386 Blood/Other Components
387 Blood/Other Derivatives
390 Blood Storage and Processing/General
391 Blood Storage and Processing/Administration
400 Imaging Services/General
401 Imaging Services/Mammography
402 Imaging Services/Ultrasound
403 Screening Mammography
404 Positron Emission Tomography
410 Respiratory Services/General (All Ages)
412 Respiratory Services/Inhalation (All Ages)
413 Respiratory Services/Hyperbaric Oxygen Therapy (All Ages)
421 Physical Therapy/Visit Charge (All Ages)
424 Physical Therapy/Evaluation or Re-evaluation(All Ages)
Note: Effective 1/1/99
431 Occupational Therapy/Visit Charge (Under 21 only)
434 Occupation Therapy/Evaluation or Re-evaluation (Under 21)
Note: Effective 1/1/99
441 Speech-Language Pathology/Visit Charge (Under 21 only)
444 Speech-Language Pathology/Evaluation or Re-evaluation Under 21) Note: Effective 1/1/99
450 Emergency Room/General
451 EMTALA Emergency Medical Screening Services
(Effective 7/1/96)

- EMTALA: Emergency Medical Treatment and Active Labor Act
- Use 451 when the recipient needs no ER care beyond the EMTALA emergency medical screening
- Code W1700 must be used with code 451; example 451(W1700)

Note: No MediPass authorization required

460 Pulmonary Function/General
471 Audiology/Diagnostic
472 Audiology/Treatment
480 Cardiology/General
481 Cardiology/Cardiac Cath Laboratory
482 Cardiology/Stress Test
483 Cardiology/Echocardiology
490 Ambulatory Surgical Care
510 Clinic/General

- Note: Please reference Medicaid Outpatient Hospital Coverage and Limitations Handbook

513 Psychiatric Clinic
Note: Use code 513, pychiatric clinic, with code 914, psychiatric individual therapy services, or with 918, psychiatric testing, when either of these codes is appropriate and applicable.
610 MRI Diagnostic/General
611 MRI Diagnostic/Brain
612 MRI Diagnostic/Spine
621 Supplies Incident to Radiology
622 DressingsSupplies Incident to Other Diagnostic Services
623 Surgical Dressings
634 Erythropoietin (EPO) less than 10,000 units
635 Erythropoietin (EPO) 10,000 or more units
637 Self-Administered Drugs (Effective 10/1/97)
Note: Use code 637 exclusively to bill self-administered drugs not covered by Medicare for dually-eligible Medicare and Medicaid recipients. Code 637 must only be billed with the Total Charge 001 revenue code. Payment will be made for 637 only.
700 Cast Room/General
710 Recovery Room/General
721 Labor - Delivery Room/Labor
722 Labor - Delivery Room/Delivery
723 Labor Room/Delivery/Circumcision
730 EKG - ECG/General
731 EKG - ECG/Holter Monitor
732 Telemetry
740 EEG/General
750 Gastro-Intestinal Services/General
761 Treatment Room
762 Observation Room
790 Lithotripsy/General
821 Hemodialysis Outpatient/Composite
831 Peritoneal Dialysis Outpatient/Composite Rate
880 Miscellaneous Dialysis/General
901 Psychiatric/Psychological - Electroshock Treatment
914 Psychiatric/Psychological - Clinic Visit/Individual Therapy
918 Psychiatric/Testing (Effective 1/1/99)
Note: Bill 513, psychiatric clinic, with this service,
920 Other Diagnostic Services/General
921 Other Diagnostic Services/Peripheral Vascular Lab
922 Other Diagnostic Services/Electromyelgram
924 Other Diagnostic Services/Allergy Test
943 Other Therapeutic Services/Cardiac Rehabilitation
944 Other Therapeutic Services/Drug Rehabilitation
945 Other Therapeutic Services/Alcohol Rehabilitation

APPENDIX B TO FLORIDA TITLE XIX OUTPATIENT HOSPITAL REIMBURSEMENT PLAN
ADJUSTMENTS TO ALLOWABLE MEDICAID VARIABLE COSTS

An example of the technique to be utilized to adjust allowable Medicaid variable costs for inflation in the computation of the reimbursement limits is detailed below. Assume the following DRI Quarterly Indices:

	1996	1997	1998	1999	2000
Q1	213.0	237.7	250.1	278.1	308.0
Q2	217.8	234.5	256.5	285.9	314.9
Q3	222.7	237.9	263.2	294.0	322.0
Q4	227.7	243.8	270.4	301.2	329.3

The elements in the above table represent a weighted composite index based on the following weights and the components:

COMPONENTS	WEIGHTS
Payroll and Professional Fees	55.57%
Employee Benefits	7.28%
Dietary and Cafeteria	3.82%
Fuel and Other Utilities	3.41%
Other	29.92%
	100.00%

Based on the quarterly indices, monthly indices are calculated by averaging pairs of quarterly indices and interpolating between these averages as follows:

QUARTER	INDEX	AVERAGE INDEX	MONTH
1	213.0		
		215.4	MARCH 31
2	217.8		
		220.3	JUNE 30
3	222.7		
		225.2	SEPT. 30
4	227.7		

April 30 Index = (June 30 Index/March 31 Index)$^{1/3}$ (March 31 Index)

$= (220.3/215.4)^{1/3} (215.4)$
$= 217.0$

May 31 Index = (June 30 Index/March 31 Index)$^{2/3}$ (March 31 Index)

$= (220.3/215.4)^{2/3} (215.4)$
$= 218.7$

All other monthly indices can be calculated in a similar fashion. To determine the applicable inflation factor for a given hospital for the first semester of 1999-2000 the index for September 30, 1999, the midpoint of the rate semester, is divided by the index for the midpoint of the Provider's Fiscal Year. For example, if a hospital has a fiscal year end of November 30, 1996 then its midpoint is May 31, and the applicable inflation is:

September 1999 Index/May 1996 Index = 297.6/218.7 = 1.3607

Therefore, the hospitals reported variable cost Medicaid rate is multiplied by 1.3607 to obtain the estimated average variable Medicaid rate for the first rate semester of FY 1999-2000. Similar calculations utilizing March 31, as the midpoint yield adjustments for the second semester of FY 1999-2000.

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